



State of Connecticut
Department of Banking
Consumer Credit Division
260 Constitution Plaza, Hartford, CT 06103



REQUEST FOR CHANGE OF ADDRESS FORM
Secondary Mortgage Lender/Broker

Instructions:

1. Please complete this form when requesting a change of address for a licensed location. **Please advise if the mailing address (if currently different from licensed location) will remain the same.**
2. Please return original license(s) with this form.
3. If a new **supervisor in charge** is necessary as a result of the move, please complete the **Request for Change of Supervisor in Charge and the Work Experience Form** which can be downloaded from our website at www.ct.gov/dob.
4. If the **mailing address only** is being changed, please complete the bottom portion of this form. (The license does not need to be returned and a rider is not necessary.)

Changes of address will not be processed until ALL the necessary forms are received in the Consumer Credit Division at the Connecticut Department of Banking. Any questions, please contact Nancy Wawruck at 860-240-8221 or via e-mail at nancy.wawruck@ct.gov.

LICENSE NUMBER(s)

NAME OF LICENSEE

DBA NAME (if applicable)

CURRENT LOCATION:

Street Address

City/Town

State/ZipCode

PROPOSED LOCATION:

Street Address

City/Town

State/ZipCode

Supervisor in charge (if applicable)

Telephone Number (if applicable)

Effective date of move

MAILING ADDRESS ONLY CHANGE

Street Address

City/Town

State/ZipCode

Name of person completing this form _____ Date _____

Telephone # _____ E-mail Address _____